

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): _____ Chapter **11**

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

DAV SUB, Inc.

2. All other names debtor used in the last 8 years

Continuum Health Technologies

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN)

8 1 - 1 9 8 9 7 0 8

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

P.O. Box 2063

317 Ranch Road 620 S.

Number Street

Number Street

Austin, TX 78734

City State ZIP Code

Centreville, VA 20124

City State ZIP Code

Travis

County

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

www.continuumhealthtech.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

| | |
|---|------------------------------|
| Debtor DAV SUB, Inc. Name _____ | Case number (if known) _____ |
|---|------------------------------|

7. Describe debtor's business

A. Check one:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Railroad (as defined in 11 U.S.C. § 101(44))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))

☒ None of the above

B. Check all that apply:

☐ Tax-exempt entity (as described in 26 U.S.C. § 501)

☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)

☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5 2 4 2 9 2 _____

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

☐ Chapter 7

☐ Chapter 9

☒ Chapter 11. Check all that apply:

☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).

☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.

☐ A plan is being filed with this petition.

☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.

☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list. District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____

List all cases. If more than 1, attach a separate list. District _____ When _____
MM / DD / YYYY

Case number, if known _____

Debtor DAV SUB, Inc. Case number (if known) _____
Name

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number Street

City State ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds?

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor DAV SUB, Inc. Case number (if known) _____
Name

16. Estimated liabilities
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/20/25
MM/ DD/ YYYY

X

Signature of authorized representative of debtor

Title Executive Chairman & CEO

Sanjeev Kaila

Printed name

18. Signature of attorney

X

/s/ Jeff Prostok

Signature of attorney for debtor

Date 03/20/2025

MM/ DD/ YYYY

Jeff Prostok

Printed name

Vartabedian Hester & Haynes LLP

Firm name

301 Commerce St. Ste 3635

Number Street

Fort Worth

City

TX

State

76102

ZIP Code

(817) 877-4223

Contact phone

jeff.prostok@vhh.law

Email address

16352500

Bar number

TX

State

Continuum Health Technologies Corp

As of March 31, 2025

| DISTRIBUTION ACCOUNT | TOTAL |
|--|-----------------------|
| Assets | |
| Current Assets | |
| Bank Accounts | |
| 1008 Silicon Valley Bank - 4825 | \$14,751.36 |
| Total for Bank Accounts | \$14,751.36 |
| Accounts Receivable | |
| 1100 A/R Clients | \$264,563.94 |
| Total for Accounts Receivable | \$264,563.94 |
| Other Current Assets | |
| 1104 Allowance for Bad Debts | -\$8,274.41 |
| 1302 Legal Retainer | \$10,000.00 |
| Total for Other Current Assets | \$1,725.59 |
| Total for Current Assets | \$281,040.89 |
| Fixed Assets | |
| 1403 Goodwill | \$1,750,000.00 |
| 1451 Accumulated Amortization | -\$612,502.00 |
| Total for Fixed Assets | \$1,137,498.00 |
| Other Assets | |
| Total for Assets | \$1,418,538.89 |
| Liabilities and Equity | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| 2000 Accounts Payable | \$329,096.82 |
| Total for Accounts Payable | \$329,096.82 |
| Credit Cards | |
| 2011 SVB Credit Card | \$4,754.33 |
| 2012 Chase Credit Card | \$10,698.90 |
| Total for Credit Cards | \$15,453.23 |
| Other Current Liabilities | |
| 2102 Accrued Payroll Expenses | \$28,626.07 |
| 2103 Accrued Expenses | \$32,000.00 |
| Total for Other Current Liabilities | \$60,626.07 |
| Total for Current Liabilities | \$405,176.12 |
| Long-term Liabilities | |
| 2154 Notes Payable - Liberty 2 | \$75,000.00 |
| 2157 Loan - Cloud Services | \$2,388,320.00 |
| Total for Long-term Liabilities | \$2,463,320.00 |
| Total for Liabilities | \$2,868,496.12 |

Continuum Health Technologies Corp

As of March 31, 2025

| DISTRIBUTION ACCOUNT | TOTAL |
|---|------------------------|
| Equity | |
| Retained Earnings | -\$1,898,324.25 |
| Net Income | -\$204,952.98 |
| 3200 Additional Paid In Capital | \$502,820.00 |
| Series A Preferred Stock | \$150,500.00 |
| Total for Equity | -\$1,449,957.23 |
| Total for Liabilities and Equity | \$1,418,538.89 |

Document Page 7 of 30
Profit and Loss by Month

Continuum Health Technologies Corp

January 1-March 31, 2025

| DISTRIBUTION ACCOUNT | JANUARY 2025 | FEBRUARY 2025 | MARCH 2025 | TOTAL |
|---|---------------------|---------------------|---------------------|----------------------|
| Income | | | | |
| 4000 Monthly Software Subscription Revenue | \$63,366.69 | \$63,666.99 | \$62,916.99 | \$189,950.67 |
| 4015 LifeCharts | 0 | \$12,000.00 | \$4,000.00 | \$16,000.00 |
| 4020 Service/Fee Income | 0 | -\$1,500.00 | 0 | -\$1,500.00 |
| 4100 Eligibility Transactions Revenue | \$27,218.18 | \$30,133.02 | \$28,138.90 | \$85,490.10 |
| 4200 Implementation Revenue | \$3,000.00 | \$16,750.00 | \$10,000.00 | \$29,750.00 |
| 4400 Remote Hosting Revenue | \$3,275.40 | \$3,275.40 | \$3,275.40 | \$9,826.20 |
| Total for Income | \$96,860.27 | \$124,325.41 | \$108,331.29 | \$329,516.97 |
| Cost of Goods Sold | | | | |
| 5003 IT Infrastructure | \$22,071.00 | \$17,375.09 | \$16,000.00 | \$55,446.09 |
| Total for Cost of Goods Sold | \$22,071.00 | \$17,375.09 | \$16,000.00 | \$55,446.09 |
| Gross Profit | \$74,789.27 | \$106,950.32 | \$92,331.29 | \$274,070.88 |
| Expenses | | | | |
| 6000 Salary and Wage Expense | \$61,144.75 | \$58,697.96 | \$28,879.19 | \$148,721.90 |
| 6201 Payroll Admin Expenses | \$132.32 | \$132.32 | \$132.32 | \$396.96 |
| 6202 Health Insurance | \$13,731.60 | \$13,731.60 | \$13,731.60 | \$41,194.80 |
| 6500 Contractor | \$39,108.56 | \$38,839.00 | \$30,500.00 | \$108,447.56 |
| 7010 Internet and Web Services | \$21.27 | \$21.27 | 0 | \$42.54 |
| 7014 Office Supplies & Software | \$1,701.57 | -\$5,188.70 | 0 | -\$3,487.13 |
| 7018 Printing | 0 | \$1,414.68 | 0 | \$1,414.68 |
| 7601 Bank Charges | \$1,255.20 | \$460.49 | \$470.97 | \$2,186.66 |
| 7602 Insurance -Content/Liability Insurance | \$2,034.11 | \$2,034.10 | \$65.18 | \$4,133.39 |
| 7604 Legal & Professional Services | \$39,695.50 | \$86,277.00 | \$50,000.00 | \$175,972.50 |
| Total for Expenses | \$158,824.88 | \$196,419.72 | \$123,779.26 | \$479,023.86 |
| Net Operating Income | -\$84,035.61 | -\$89,469.40 | -\$31,447.97 | -\$204,952.98 |
| Other Income | 0 | 0 | 0 | |
| Other Expenses | 0 | 0 | 0 | |
| Net Other Income | 0 | 0 | 0 | 0 |
| Net Income | -\$84,035.61 | -\$89,469.40 | -\$31,447.97 | -\$204,952.98 |

Form **8453-CORP****E-file Declaration for Corporations**

(December 2022)

File electronically with Form 1120, 1120-F, or 1120-S. Do not file paper copies.
Go to www.irs.gov/Form8453CORP for the latest information.

OMB No. 1545-0123

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or tax year beginning _____, 2023,
ending _____, 20

Name of corporation

DAV ACQUISITION CORPEmployer identification number
3378**Part I Information** (Whole dollars only)

| | | | |
|---|---|---|-------------------|
| 1 | Total income (Form 1120, line 11) | 1 | 1,414,605. |
| 2 | Total income (Form 1120-F, Section II, line 11) | 2 | |
| 3 | Total income (loss) (Form 1120-S, line 6) | 3 | |

Part II Declaration of Officer (see instructions) **Be sure to keep a copy of the corporation's tax return.**

- A ☐ I consent that the corporation's refund be directly deposited as designated on the **Form 8050**, Direct Deposit of Corporate Tax Refund, or Form 8302, Electronic Deposit of Tax Refund of \$1 Million or More, that will be electronically transmitted with the corporation's federal income tax return.
- B ☒ I do not want direct deposit of the corporation's refund or the corporation is not receiving a refund.
- C ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If the corporation is filing a balance due return, I understand that if the IRS does not receive full and timely payment of its tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's federal income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of the corporation's return or refund is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent.

Sign Here

Signature of officer

Date

CFO
Title**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above corporation's return and that the entries on Form 8453-CORP are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

| | | | | | |
|-----------------------|--|------------------------------|---|---|-------------------------------|
| ERO's Use Only | ERO's signature | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN |
| | GARY W DAVIS CPA, LLC | | | | |
| | Firm's name (or yours if self-employed), address, and ZIP code | GARY W DAVIS CPA, LLC | | | EIN |
| | ALEXANDRIA, VA 22306 | | | | Phone no. 571-238-9421 |

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name | Firm's EIN | | | |
| Firm's address | Phone no. | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8453-CORP** (12-2022)

Form **7004**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► **File a separate application for each return.**
► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name

Identifying number

DAV ACQUISITION CORP**8378**

Number, street, and room or suite no. (If P.O. box, see instructions.)

PO BOX 340214

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

LAKEWAY, TX 78734

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **12**

| Application Is For: | Form Code | Application Is For: | Form Code |
|---|-----------|-----------------------------------|-----------|
| Form 706-GS(D) | 01 | Form 1120-ND (section 4951 taxes) | 20 |
| Form 706-GS(T) | 02 | Form 1120-PC | 21 |
| Form 1041 (bankruptcy estate only) | 03 | Form 1120-POL | 22 |
| Form 1041 (estate other than a bankruptcy estate) | 04 | Form 1120-REIT | 23 |
| Form 1041 (trust) | 05 | Form 1120-RIC | 24 |
| Form 1041-N | 06 | Form 1120S | 25 |
| Form 1041-QFT | 07 | Form 1120-SF | 26 |
| Form 1042 | 08 | Form 3520-A | 27 |
| Form 1065 | 09 | Form 8612 | 28 |
| Form 1066 | 11 | Form 8613 | 29 |
| Form 1120 | 12 | Form 8725 | 30 |
| Form 1120-C | 34 | Form 8804 | 31 |
| Form 1120-F | 15 | Form 8831 | 32 |
| Form 1120-FSC | 16 | Form 8876 | 33 |
| Form 1120-H | 17 | Form 8924 | 35 |
| Form 1120-L | 18 | Form 8928 | 36 |
| Form 1120-ND | 19 | | |

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year 2023, or tax year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

| | | |
|---|----------|-----------|
| 6 Tentative total tax | 6 | 0. |
| 7 Total payments and credits. See instructions | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6. See instructions | 8 | 0. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 7004 (Rev. 12-2018)

Form

1120

For calendar year 2023 or tax year beginning

, ending

U.S. Corporation Income Tax Return

OMB No. 1545-0123

Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form1120 for instructions and the latest information.**2023****A Check if:**

- 1a Consolidated return (attach Form 990) ☐
b Life/nonlife consolidated return ☐
2 Personal holding co. (attach Sch. PH) ☐
3 Personal service corp. (see instructions) ☐
4 Schedule M-3 attached ☐

**TYPE
OR
PRINT**

Name

DAV ACQUISITION CORP

Number, street, and room or suite no. If a P.O. box, see instructions.

PO BOX 340214

City or town, state or province, country, and ZIP or foreign postal code

LAKEWAY, TX 78734**B** Employer identification number**8378****C** Date incorporated**09/22/2017****D** Total assets (see instructions)**\$ 1,331,054.****E** Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change**Income**

| | | | | |
|----|--|----|-------------------|--|
| 1a | Gross receipts or sales | 1a | 1,722,131. | |
| b | Returns and allowances | 1b | 91,754. | |
| c | Balance. Subtract line 1b from line 1a | 1c | 1,630,377. | |
| 2 | Cost of goods sold (attach Form 1125-A) | 2 | 218,928. | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 1,411,449. | |
| 4 | Dividends and inclusions (Schedule C, line 23) | 4 | | |
| 5 | Interest | 5 | | |
| 6 | Gross rents | 6 | | |
| 7 | Gross royalties | 7 | | |
| 8 | Capital gain net income (attach Schedule D (Form 1120)) | 8 | | |
| 9 | Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) | 9 | | |
| 10 | Other income (attach statement) SEE STATEMENT 1 | 10 | 3,156. | |
| 11 | Total income. Add lines 3 through 10 | 11 | 1,414,605. | |

Deductions (See instructions for limitations on deductions.)

| | | | | |
|-----|--|-----|--------------------|--|
| 12 | Compensation of officers (attach Form 1125-E) | 12 | | |
| 13 | Salaries and wages (less employment credits) | 13 | 995,774. | |
| 14 | Repairs and maintenance | 14 | | |
| 15 | Bad debts | 15 | | |
| 16 | Rents | 16 | | |
| 17 | Taxes and licenses | 17 | | |
| 18 | Interest (see instructions) | 18 | | |
| 19 | Charitable contributions | 19 | | |
| 20 | Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | 20 | | |
| 21 | Depletion | 21 | | |
| 22 | Advertising | 22 | | |
| 23 | Pension, profit-sharing, etc., plans | 23 | | |
| 24 | Employee benefit programs | 24 | 153,015. | |
| 25 | Energy efficient commercial buildings deduction (attach Form 7205) | 25 | | |
| 26 | Other deductions (attach statement) SEE STATEMENT 2 | 26 | 1,291,641. | |
| 27 | Total deductions. Add lines 12 through 26 | 27 | 2,440,430. | |
| 28 | Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 | 28 | -1,025,825. | |
| 29a | Net operating loss deduction (see instructions) STATEMENT 3 | 29a | 0. | |
| b | Special deductions (Schedule C, line 24) | 29b | | |
| c | Add lines 29a and 29b | 29c | | |

Tax, Refundable Credits, and Payments

| | | | | |
|----|---|----|--------------------|--|
| 30 | Taxable income. Subtract line 29c from line 28. See instructions | 30 | -1,025,825. | |
| 31 | Total tax (Schedule J, Part I, line 11) | 31 | 0. | |
| 32 | Reserved for future use | 32 | | |
| 33 | Total payments and credits (Schedule J, Part III, line 23) | 33 | | |
| 34 | Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/> | 34 | | |
| 35 | Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed | 35 | 0. | |
| 36 | Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid | 36 | | |
| 37 | Enter amount from line 36 you want: Credited to 2024 estimated tax Refunded | 37 | | |

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

CFO

Title

May the IRS discuss this return with the preparer shown below?

☒ Yes ☐ No**Paid**Print/Type preparer's name
GARY W DAVIS CPA

Preparer's signature

Date

Check if self-employed ☐

PTIN

PreparerFirm's name **GARY W DAVIS CPA, LLC**

Firm's EIN

Use Only

Firm's address

ALEXANDRIA, VA 22306

Phone no.

571-238-9421

Form 1120 (2023)

DAV ACQUISITION CORP

8378 Page 2

| Schedule C Dividends, Inclusions, and Special Deductions (see instructions) | (a) Dividends and inclusions | (b) % | (c) Special deductions (a) x (b) |
|--|------------------------------|------------------|-------------------------------------|
| 1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) | | 50 | |
| 2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) | | 65 | |
| 3 Dividends on certain debt-financed stock of domestic and foreign corporations | | See Instructions | |
| 4 Dividends on certain preferred stock of less-than-20%-owned public utilities | | 23.3 | |
| 5 Dividends on certain preferred stock of 20%-or-more-owned public utilities | | 26.7 | |
| 6 Dividends from less-than-20%-owned foreign corporations and certain FSCs | | 50 | |
| 7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs | | 65 | |
| 8 Dividends from wholly owned foreign subsidiaries | | 100 | |
| 9 Subtotal. Add lines 1 through 8 | | See Instructions | |
| 10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 | | 100 | |
| 11 Dividends from affiliated group members | | 100 | |
| 12 Dividends from certain FSCs | | 100 | |
| 13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions) | | 100 | |
| 14 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends) | | | |
| 15 Reserved for future use | | | |
| 16a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions) | | 100 | |
| b Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions) | | | |
| c Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions) | | | |
| 17 Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992) | | | |
| 18 Gross-up for foreign taxes deemed paid | | | |
| 19 IC-DISC and former DISC dividends not included on line 1, 2, or 3 | | | |
| 20 Other dividends | | | |
| 21 Deduction for dividends paid on certain preferred stock of public utilities | | | |
| 22 Section 250 deduction (attach Form 8993) | | | |
| 23 Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4 | | | |
| 24 Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b | | | |

Form 1120 (2023)

Form 1120 (2023) **DAV ACQUISITION CORP**

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Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

| | | | |
|----|--|----|----|
| 1 | Income tax. See instructions | 1 | 0. |
| 2 | Base erosion minimum tax amount (attach Form 8991) | 2 | |
| 3 | Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626) | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 0. |
| 5a | Foreign tax credit (attach Form 1118) | 5a | |
| b | Credit from Form 8834 (see instructions) | 5b | |
| c | General business credit (see instructions - attach Form 3800) | 5c | |
| d | Credit for prior year minimum tax (attach Form 8827) | 5d | |
| e | Bond credits from Form 8912 | 5e | |
| 6 | Total credits. Add lines 5a through 5e | 6 | |
| 7 | Subtract line 6 from line 4 | 7 | 0. |
| 8 | Personal holding company tax (attach Schedule PH (Form 1120)) | 8 | |
| 9a | Recapture of investment credit (attach Form 4255) | 9a | |
| b | Recapture of low-income housing credit (attach Form 8611) | 9b | |
| c | Interest due under the look-back method-completed long-term contracts (attach Form 8697) | 9c | |
| d | Interest due under the look-back method-income forecast method (attach Form 8866) | 9d | |
| e | Alternative tax on qualifying shipping activities (attach Form 8902) | 9e | |
| f | Interest/tax due under section 453A(c) | 9f | |
| g | Interest/tax due under section 453(I) | 9g | |
| z | Other (see instructions - attach statement) | 9z | |
| 10 | Total. Add lines 9a through 9z | 10 | |
| 11 | Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31 | 11 | 0. |

Part II - Payments and Refundable Credits

| | | | |
|----|--|-----|-----|
| 12 | Reserved for future use | 12 | |
| 13 | Preceding year's overpayment credited to the current year | 13 | |
| 14 | Current year's estimated tax payments | 14 | |
| 15 | Current year's refund applied for on Form 4466 | 15 | () |
| 16 | Combine lines 13, 14, and 15 | 16 | |
| 17 | Tax deposited with Form 7004 | 17 | |
| 18 | Withholding (see instructions) | 18 | |
| 19 | Total payments. Add lines 16, 17, and 18 | 19 | |
| 20 | Refundable credits from: | | |
| a | Form 2439 | 20a | |
| b | Form 4136 | 20b | |
| c | Reserved for future use | 20c | |
| z | Other (attach statement - see instructions) | 20z | |
| 21 | Total credits. Add lines 20a through 20z | 21 | |
| 22 | Elective payment election amount from Form 3800 | 22 | |
| 23 | Total payments and credits. Add lines 19, 21, and 22. Enter here and on page 1, line 33 | 23 | |

Form **1120** (2023)

Form 1120 (2023) **DAV ACQUISITION CORP****9378** Page 4**Schedule K Other Information** (see instructions)

| | | |
|---|----------|----------|
| 1 Check accounting method: a <input type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____ | Yes | No |
| 2 See the instructions and enter the: | | |
| a Business activity code no. <u>518210</u> | | |
| b Business activity <u>REVENUE SYSTEMS</u> | | |
| c Product or service <u>SERVICE</u> | | |
| 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? _____ If "Yes," enter name and EIN of the parent corporation _____ | | X |
| 4 At the end of the tax year: | | |
| a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) _____ | | X |
| b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) _____ | | X |
| 5 At the end of the tax year, did the corporation: | | |
| a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions _____ If "Yes," complete (i) through (iv) below. | X | |

| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage Owned in Voting Stock |
|-------------------------|--|--------------------------------|---------------------------------------|
| DAV SUB INC | 82-1989708 | UNITED STATES | 100.00% |
| | | | |
| | | | |

| | | |
|---|-----|----------|
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions _____ If "Yes," complete (i) through (iv) below. | Yes | No |
| | | X |

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Country of Organization | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
|--------------------|--|-------------------------------|---|
| | | | |
| | | | |
| | | | |

| | | |
|---|--------------------------|----------|
| 6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 _____ If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary. | Yes | No |
| | | X |
| 7 At any time during this tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? _____ For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned _____ and (b) Owner's country _____ (c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached _____ | | X |
| 8 Check this box if the corporation issued publicly offered debt instruments with original issue discount _____ If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. | <input type="checkbox"/> | |
| 9 Enter the amount of tax-exempt interest received or accrued during this tax year \$ _____ | | |
| 10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____ | | |
| 11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here _____ If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid. | <input type="checkbox"/> | |
| 12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) _____ \$ 449,051. | | |

Form 1120 (2023) **DAV ACQUISITION CORP**

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Schedule K Other Information (continued from page 4)

| | Yes | No |
|---|-----|-------------------------------------|
| 13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? | | <input checked="" type="checkbox"/> |
| If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during this tax year \$ | | |
| 14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions | | <input checked="" type="checkbox"/> |
| If "Yes," complete and attach Schedule UTP. | | |
| 15a Did the corporation make any payments that would require it to file Form(s) 1099? | | <input checked="" type="checkbox"/> |
| b If "Yes," did or will the corporation file required Form(s) 1099? | | |
| 16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock? | | <input checked="" type="checkbox"/> |
| 17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? | | <input checked="" type="checkbox"/> |
| 18 Did this corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? | | <input checked="" type="checkbox"/> |
| 19 During this corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? | | <input checked="" type="checkbox"/> |
| 20 Is the corporation operating on a cooperative basis? | | <input checked="" type="checkbox"/> |
| 21 During this tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions | | <input checked="" type="checkbox"/> |
| If "Yes," enter the total amount of the disallowed deductions \$ | | |
| 22 Does this corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) | | <input checked="" type="checkbox"/> |
| If "Yes," complete and attach Form 8991. | | |
| 23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during this tax year? See instructions | | <input checked="" type="checkbox"/> |
| 24 Does the corporation satisfy one or more of the following? If "Yes," complete and attach Form 8990. See instructions | | <input checked="" type="checkbox"/> |
| a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. | | |
| b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 million and the corporation has business interest expense. | | |
| c The corporation is a tax shelter and the corporation has business interest expense. | | |
| 25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? | | <input checked="" type="checkbox"/> |
| If "Yes," enter amount from Form 8996, line 15 \$ | | |
| 26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions | | <input checked="" type="checkbox"/> |
| Percentage: By Vote _____ By Value _____ | | |
| 27 At any time during this tax year, did the corporation (a) receive a digital asset (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions | | <input checked="" type="checkbox"/> |
| 28 Is the corporation a member of a controlled group? | | <input checked="" type="checkbox"/> |
| If "Yes," attach Schedule O (Form 1120). See instructions. | | |
| 29 Corporate Alternative Minimum Tax: | | <input checked="" type="checkbox"/> |
| a Was the corporation an applicable corporation under section 59(k)(1) in any prior tax year? | | |
| If "Yes," go to question 29b. If "No," skip to question 29c. | | |
| b Is the corporation an applicable corporation under section 59(k)(1) in the current tax year because the corporation was an applicable corporation in the prior tax year? | | |
| If "Yes," complete and attach Form 4626. If "No," continue to question 29c. | | |
| c Does the corporation meet the requirements of the safe harbor method, if provided under section 59(k)(3)(A), for the current tax year? See instructions | | |
| If "No," complete and attach Form 4626. If "Yes," the corporation is not required to file Form 4626. | | |
| 30 Is the corporation required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions): | | <input checked="" type="checkbox"/> |
| a Under the rules for stock repurchased by a covered corporation (or stock acquired by its specified affiliate)? | | |
| b Under the applicable foreign corporation rules? | | |
| c Under the covered surrogate foreign corporation rules? | | |
| If "Yes" to either (a), (b), or (c), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208. | | |
| 31 Is this a consolidated return with gross receipts or sales of \$1 billion or more and a subchapter K basis adjustment, as described in the instructions, of \$10 million or more? | | <input checked="" type="checkbox"/> |
| If "Yes," attach a statement. See instructions. | | |

| Schedule L Balance Sheets per Books | | Beginning of tax year | | End of tax year | |
|---|--------|-----------------------|------------|-----------------|-------------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 Cash | | | 299,867. | | 58,570. |
| 2a Trade notes and accounts receivable | | 350,601. | | 276,460. | |
| b Less allowance for bad debts | | () | 350,601. | (39,307.) | 237,153. |
| 3 Inventories | | | | | |
| 4 U.S. government obligations | | | | | |
| 5 Tax-exempt securities | | | | | |
| 6 Other current assets (att. stmt.) | STMT 4 | | 42,506. | | 14,500. |
| 7 Loans to shareholders | | | | | |
| 8 Mortgage and real estate loans | | | | | |
| 9 Other investments (att. stmt.) | | | | | |
| 10a Buildings and other depreciable assets | | | | | |
| b Less accumulated depreciation | | () | | () | |
| 11a Depletable assets | | | | | |
| b Less accumulated depletion | | () | | () | |
| 12 Land (net of any amortization) | | | | | |
| 13a Intangible assets (amortizable only) | | 1,750,000. | | 1,750,000. | |
| b Less accumulated amortization | | (612,502.) | 1,137,498. | (729,169.) | 1,020,831. |
| 14 Other assets (att. stmt.) | | | | | |
| 15 Total assets | | | 1,830,472. | | 1,331,054. |
| Liabilities and Shareholders' Equity | | | | | |
| 16 Accounts payable | | | 45,550. | | 39,627. |
| 17 Mortgages, notes, bonds payable in less than 1 year | | | 0. | | |
| 18 Other current liabilities (att. stmt.) | | | | | |
| 19 Loans from shareholders | | | | | |
| 20 Mortgages, notes, bonds payable in 1 year or more | | | 1,355,000. | | 775,000. |
| 21 Other liabilities (att. stmt.) | STMT 5 | | | | 12,747. |
| 22 Capital stock: a Preferred stock | | 150,500. | | 150,500. | |
| b Common stock | | 2,304. | 152,804. | 2,304. | 152,804. |
| 23 Additional paid-in capital | | | 956,140. | | 2,056,140. |
| 24 Retained earnings - Appropriated (attach statement) | | | | | |
| 25 Retained earnings - Unappropriated | | | -679,022. | | -1,705,264. |
| 26 Adjustments to shareholders' equity (attach statement) | | | | | |
| 27 Less cost of treasury stock | | | () | | () |
| 28 Total liabilities and shareholders' equity | | | 1,830,472. | | 1,331,054. |

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

| | | | |
|---|-------------|--|-------------|
| 1 Net income (loss) per books | -1,026,242. | 7 Income recorded on books this year not included on this return (itemize): | |
| 2 Federal income tax per books | | Tax-exempt interest \$ | |
| 3 Excess of capital losses over capital gains | | | |
| 4 Income subject to tax not recorded on books this year (itemize): | | | |
| 5 Expenses recorded on books this year not deducted on this return (itemize): | | 8 Deductions on this return not charged against book income this year (itemize): | |
| a Depreciation \$ | | a Depreciation \$ | |
| b Charitable contributions \$ | | b Charitable contributions \$ | |
| c Travel and entertainment \$ | 417. | | |
| | 417. | | |
| 6 Add lines 1 through 5 | -1,025,825. | 9 Add lines 7 and 8 | |
| | | 10 Income (page 1, line 28) - line 6 less line 9 | -1,025,825. |

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

| | | | |
|--------------------------------|-------------|---|-------------|
| 1 Balance at beginning of year | -679,022. | 5 Distributions: a Cash | |
| 2 Net income (loss) per books | -1,026,242. | b Stock | |
| 3 Other increases (itemize): | | c Property | |
| | | 6 Other decreases (itemize): | |
| | | | |
| | | 7 Add lines 5 and 6 | |
| 4 Add lines 1, 2, and 3 | -1,705,264. | 8 Balance at end of year (line 4 less line 7) | -1,705,264. |

Form **4626****Alternative Minimum Tax-Corporations**

OMB No. 1545-0123

2023Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.Name _____ Employer identification number **8378****DAV ACQUISITION CORP**

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

| | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended |
|---|-----------------------------------|------------------------------------|-----------------------------------|
| 1 Net income or loss per applicable financial statement(s) (AFS) (see inst): | | | |
| a Consolidated net income or loss per the AFS of the corporation | 1a | | |
| b Include AFS net income or loss of other includible entities (add net income and subtract net loss) | 1b | | |
| c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) | 1c | | |
| d Adjustment for certain consolidating entries (see instructions) | 1d | | |
| e Specified additional net income or loss item B. Reserved for future use | 1e | | |
| f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d | 1f | | |
| 2 Adjustments: | | | |
| a Financial statements covering different tax years | 2a | | |
| b Corporations that are not included on the taxpayer's consolidated return (see instructions) | 2b | | |
| c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG) | 2c | | |
| d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG) | 2d | | |
| e Certain taxes (see instructions) | 2e | | |
| f Patronage dividends and per-unit retain allocations (cooperatives only) | 2f | | |
| g Alaska native corporations | 2g | | |
| h Certain credits (see instructions) | 2h | | |
| i Mortgage servicing income | 2i | | |
| j Tax-exempt entities (organizations subject to tax under section 511) | 2j | | |
| k Depreciation | 2k | | |
| l Qualified wireless spectrum | 2l | | |
| m Covered transactions | 2m | | |
| n Adjustments related to bankruptcy and insolvency | 2n | | |
| o Certain insurance company adjustments | 2o | | |
| p Adjustment P - Reserved for future use | 2p | | |
| q Adjustment Q - Reserved for future use | 2q | | |
| r Adjustment R - Reserved for future use | 2r | | |
| s Adjustment S - Reserved for future use | 2s | | |
| z Other (see instructions) | 2z | | |
| 3 Specified adjustment. Reserved for future use | 3 | | |
| 4 Total adjustments. Combine lines 2a through 2z | 4 | | |
| 5 AFSI. Combine lines 1f and 4 | 5 | | |
| 6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 | | 6 | |
| 7 3-year average annual AFSI (see instructions) | | 7 | |

Form 4626 (2023)

Page **2**

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) (continued)

- 8** Is line 7 more than \$1 billion?
- ☐ **Yes.** Continue to line 9.
- ☐ **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
- ☐ **Yes.** Continue to line 10.
- ☐ **No.** Continue to Part II.

| | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended |
|---|--------------------------------------|---------------------------------------|--------------------------------------|
| 10 AFSI for purposes of the \$100 million test before adjustments: | | | |
| a AFSI from line 5 | 10a | | |
| b Aggregation differences (see instructions) | 10b | | |
| c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b | 10c | | |
| 11 Adjustments: | | | |
| a Income not effectively connected to a U.S. trade or business | 11a | | |
| b Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) | 11b | | |
| c Reserved for future use - Other adjustments 1 | 11c | | |
| d Reserved for future use - Other adjustments 2 | 11d | | |
| 12 Total adjustments. Combine lines 11a and 11b | 12 | | |
| 13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 | 13 | | |
| 14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 | | | 14 |
| 15 3-year average annual AFSI for purposes of the \$100 million test | | | 15 |
| 16 Is line 15 \$100 million or more? | | | |
| <input type="checkbox"/> Yes. Continue to Part II. | | | |
| <input type="checkbox"/> No. STOP here. Attach to your tax return. | | | |

Form 4626 (2023)

Part II Corporate Alternative Minimum Tax

| | | | |
|----|--|----|-------------|
| 1 | Net income or loss per applicable financial statement(s) (AFS) (see instructions): | | |
| a | Consolidated net income or loss per the AFS of the corporation | 1a | -1,025,825. |
| b | Include AFS net income or loss of other includible entities (add net income and subtract net loss) | 1b | |
| c | Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) | 1c | |
| d | Adjustment for certain consolidating entries (see instructions) | 1d | |
| e | Specified additional net income or loss item D. Reserved for future use | 1e | |
| f | AFS net income or loss before adjustments. Combine lines 1a through 1d | 1f | -1,025,825. |
| 2 | Adjustments: | | |
| a | Financial statements covering different tax years | 2a | |
| b | Reserved for future use - Adjustment 2b | 2b | |
| c | Corporations that are not included on the taxpayers' consolidated return (see instructions) | 2c | |
| d | The corporation's distributive share of adjusted financial statement income of partnerships | 2d | |
| e | Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions) | 2e | |
| f | Amounts that are not effectively connected to a U.S. trade or business | 2f | |
| g | Certain taxes. Enter the amount from Part III, line 7 | 2g | |
| h | Patronage dividends and per-unit retain allocations (cooperatives only) | 2h | |
| i | Alaska native corporations | 2i | |
| j | Certain credits (see instructions) | 2j | |
| k | Mortgage servicing income | 2k | |
| l | Covered benefit plans described in section 56A(c)(1)(B) | 2l | |
| m | Tax-exempt entities (organizations subject to tax under section 511) | 2m | |
| n | Depreciation | 2n | |
| o | Qualified wireless spectrum | 2o | |
| p | Covered transactions | 2p | |
| q | Adjustments related to bankruptcy and insolvency | 2q | |
| r | Certain insurance company adjustments | 2r | |
| s | AFSI adjustment S - Reserved for future use | 2s | |
| t | AFSI adjustment T - Reserved for future use | 2t | |
| u | AFSI adjustment U - Reserved for future use | 2u | |
| z | Other (see instructions) | 2z | |
| 3 | Total adjustments. Combine lines 2a through 2z | 3 | |
| 4 | AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 | 4 | -1,025,825. |
| 5 | Financial statement net operating loss (FSNOL) (see instructions) | 5 | |
| 6 | AFSI. Subtract line 5 from line 4. If zero or less, enter -0- | 6 | |
| 7 | Multiply line 6 by 15% (0.15) | 7 | |
| 8 | Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) | 8 | |
| 9 | Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- | 9 | |
| 10 | Regular tax liability (see instructions) | 10 | |
| 11 | Base erosion minimum tax (see instructions) | 11 | |
| 12 | Combine lines 10 and 11 | 12 | |
| 13 | Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 13 | |

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

| | | | |
|----|---|----|----|
| 1 | Current income tax provision - Foreign | 1 | |
| 2 | Current income tax provision - Federal | 2 | |
| 3 | Deferred income tax provision - Foreign | 3 | 0. |
| 4 | Deferred income tax provision - Federal | 4 | |
| 5 | Income taxes included in equity method investment income | 5 | |
| 6a | Adjustment A - Reserved for future use | 6a | |
| b | Adjustment B - Reserved for future use | 6b | |
| c | Adjustment C - Reserved for future use | 6c | |
| d | Adjustment D - Reserved for future use | 6d | |
| e | Adjustment E - Reserved for future use | 6e | |
| f | Adjustment F - Reserved for future use | 6f | |
| g | Adjustment G - Reserved for future use | 6g | |
| h | Adjustment H - Reserved for future use | 6h | |
| z | Income taxes in other places | 6z | |
| 7 | Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g | 7 | |

Form 4626 (2023)

Page 4

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit

Section I - AMT Foreign Tax Credit

| | | | | |
|----------|---|-----------|-----|-----------|
| 1 | Domestic corporation AMT foreign income taxes: | | | |
| a | Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) | 1a | | |
| b | Adjustment | 1b | | |
| c | Adjustment | 1c | | |
| d | Adjustment | 1d | | |
| e | Adjustment | 1e | | |
| f | Adjustment | 1f | | |
| g | Adjustment | 1g | | |
| 2 | Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g | | | 2 |
| 3 | Allowable controlled foreign corporation (CFC) AMT foreign income taxes: | | | |
| a | Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n) | 3a | | |
| b | Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) | 3b | | |
| c | Total CFC AMT foreign income taxes. Add lines 3a and 3b | | | 3c |
| d | Percentage specified in section 55(b)(2)(A)(i) | 3d | 15% | |
| e | Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) | 3e | | |
| f | CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) | | | 3f |
| g | Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f) | | | 3g |
| 4 | CAMT FTC Line 4 - Reserved for future use | | | 4 |
| 5 | CAMT FTC Line 5 - Reserved for future use | | | 5 |
| 6 | Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8 | | | 6 |

Form 4626 (2023)

Form **1125-A****Cost of Goods Sold**

(Rev. November 2018)

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form1125A for the latest information.

| | | |
|--|--|---|
| Name DAV ACQUISITION CORP | | Employer identification number 8378 |
| 1 | Inventory at beginning of year | 1 |
| 2 | Purchases | 2 |
| 3 | Cost of labor | 3 |
| 4 | Additional section 263A costs (attach schedule) | 4 |
| 5 | Other costs (attach schedule) SEE STATEMENT 6 | 5 218,928. |
| 6 | Total. Add lines 1 through 5 | 6 218,928. |
| 7 | Inventory at end of year | 7 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions | 8 218,928. |
| 9 a Check all methods used for valuing closing inventory: | | |
| (i) <input type="checkbox"/> Cost | | |
| (ii) <input type="checkbox"/> Lower of cost or market | | |
| (iii) <input type="checkbox"/> Other (Specify method used and attach explanation) ▶ | | |
| b Check if there was a writedown of subnormal goods ▶ <input type="checkbox"/> | | |
| c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ <input type="checkbox"/> | | |
| d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d | | |
| e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| If "Yes," attach explanation. | | |

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property) OTHER

OMB No. 1545-0172

2023Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.Attachment
Sequence No. 179

Business or activity to which this form relates

Identifying number

DAV ACQUISITION CORP

OTHER DEPRECIATION

3378

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|----|---|------------------------------|
| 1 | Maximum amount (see instructions) | 1 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 |
| 6 | (a) Description of property | (b) Cost (business use only) |
| | | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 |
| 10 | Carryover of disallowed deduction from line 13 of your 2022 Form 4562 | 10 |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 |
| 13 | Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 | 13 |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

| | | |
|----|--|----|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |
| 15 | Property subject to section 168(f)(1) election | 15 |
| 16 | Other depreciation (including ACRS) | 16 |

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

| | | |
|----|--|----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2023 | 17 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | / | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|---|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | / | | 30 yrs. | MM | S/L | |
| d 40-year | / | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | |
|----|---|----|
| 21 | Listed property. Enter amount from line 28 | 21 |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 |

Form 4562 (2023)

DAV ACQUISITION CORP

8378 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

| | | | | | | | | |
|--|---|---|---|--|--|--|--|--|
| | : | : | % | | | | | |
| | : | : | % | | | | | |
| | : | : | % | | | | | |

27 Property used 50% or less in a qualified business use:

| | | | | | | | | |
|--|---|---|---|--|--|-------|--|--|
| | : | : | % | | | S/L - | | |
| | : | : | % | | | S/L - | | |
| | : | : | % | | | S/L - | | |

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | (b) Vehicle 2 | (c) Vehicle 3 | (d) Vehicle 4 | (e) Vehicle 5 | (f) Vehicle 6 |
|--|------------------|------------------|------------------|------------------|------------------|------------------|
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

| | Yes | No |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI** Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|

42 Amortization of costs that begins during your 2023 tax year:

| | | | | | |
|--|---|---|--|--|--|
| | : | : | | | |
| | : | : | | | |

43 Amortization of costs that began before your 2023 tax year

STMT 7

43

116,667.

44 Total. Add amounts in column (f). See the instructions for where to report

44

116,667.

2023 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 6 | GOODWILL | 01/01/18 | | 180M | | 43 | 1,750,000. | | | | 1,750,000. | 612,502. | | 116,667. | 729,169. |
| | * TOTAL OTHER DEPRECIATION & AMORT | | | | | | 1,750,000. | | | | 1,750,000. | 612,502. | | 116,667. | 729,169. |

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| FORM 1120 | OTHER INCOME | STATEMENT | 1 |
|-----------------------------|--------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| OTHER INCOME | | 3,156. | |
| TOTAL TO FORM 1120, LINE 10 | | 3,156. | |

| FORM 1120 | OTHER DEDUCTIONS | STATEMENT | 2 |
|------------------------------|------------------|------------|---|
| DESCRIPTION | | AMOUNT | |
| AMORTIZATION | | 116,667. | |
| BANK FEES | | 8,807. | |
| CONFERENCES AND MEETINGS | | 5,610. | |
| COMPUTER AND INTERNET | | 533. | |
| CONTRACT SERVICES | | 823,135. | |
| DUES AND SUBSCRIPTIONS | | 2,633. | |
| INSURANCE | | 53,194. | |
| LEGAL AND PROFESSIONAL | | 105,618. | |
| MARKETING | | 64,391. | |
| MEALS | | 418. | |
| OFFICE EXPENSE | | 1,807. | |
| OFFICE SUPPLIES AND SOFTWARE | | 26,653. | |
| PATENT FEES | | 60,390. | |
| PAYROLL PROCESSING FEES | | 14,426. | |
| TAXES AND LICENSES | | 1,046. | |
| TRAVEL | | 6,313. | |
| TOTAL TO FORM 1120, LINE 26 | | 1,291,641. | |

| NET OPERATING LOSS DEDUCTION | STATEMENT | 3 |
|------------------------------|-----------|---|
|------------------------------|-----------|---|

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-------------------------|----------------|-------------------------|----------------|---------------------|
| 12/31/21 | 116,667. | | 116,667. | 116,667. |
| 12/31/22 | 332,384. | | 332,384. | 332,384. |
| NOL AVAILABLE THIS YEAR | | | 449,051. | 449,051. |

SCHEDULE L OTHER CURRENT ASSETS STATEMENT 4

| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
|-----------------------------|--------------------------|--------------------|
| LEGAL RETAINER | | 10,000. |
| PREPAID CREDIT CARD | 1,990. | 4,500. |
| PREPAID EXPENSES | 38,212. | |
| SUBSCRIPTION RECEIVABLE | 2,304. | |
| TOTAL TO SCHEDULE L, LINE 6 | 42,506. | 14,500. |

SCHEDULE L OTHER LIABILITIES STATEMENT 5

| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
|------------------------------|--------------------------|--------------------|
| CREDIT CARD PAYABLE | | 12,747. |
| TOTAL TO SCHEDULE L, LINE 21 | | 12,747. |

FORM 1125-A OTHER COSTS STATEMENT 6

| DESCRIPTION | AMOUNT |
|-------------------|----------|
| IT INFRASTRUCTURE | 218,928. |
| TOTAL TO LINE 5 | 218,928. |

FORM 4562 PART VI - AMORTIZATION STATEMENT 7

| (A) DESCRIPTION OF COSTS | (B) DATE BEGAN | (C) AMORT. AMOUNT | (D) CODE SECT. | (E) LIFE/ RATE | (F) ACCUM. AMORT. | (G) AMORT. THIS YR. |
|-----------------------------|----------------------|-------------------------|----------------------|----------------------|-------------------------|---------------------------|
| GOODWILL | 01/01/18 | 1,750,000. | | 180M | 612,502. | 116,667. |
| TOTAL TO FORM 4562, LINE 43 | | | | | | 116,667. |

DELAWARE **2023**
DIVISION OF REVENUE **F O R M**
CIT-EXT
CORPORATE INCOME TAX REQUEST FOR EXTENSION
FORMERLY 1100T-EXT



Taxpayer ID

Calendar or Fiscal
Year Ending

Due on or before

Extension to

12/31/23

04/15/24

10/15/24

Name of Corporation

DAV ACQUISITION CORP

Street Address

PO BOX 340214

City

State

Zip Code

LAKESIDE

78734

BALANCE DUE FROM LINE 7 OF WORKSHEET

0.00

AMOUNT OF THIS PAYMENT

.00

Check here if a request for change form is being filed

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

| | | | |
|----|---|----|------|
| 1. | ESTIMATED DELAWARE TAXABLE INCOME FOR THE YEAR | 1. | .00 |
| 2. | CORPORATE INCOME TAX RATE | 2. | 8.70 |
| 3. | Multiply Line 1 by Line 2 | 3. | .00 |
| 4. | ESTIMATED TAX PAID | 4. | .00 |
| 5. | Subtract Line 4 from Line 3 | 5. | .00 |
| 6. | LESS CREDIT CARRYOVER | 6. | .00 |
| 7. | AMOUNT DUE WITH EXTENSION - Subtract Line 6 from Line 5 | 7. | .00 |

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

**MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:**

Delaware Division of Revenue
PO Box 0830
Wilmington, DE 19899-0830

AUTHORIZED SIGNATURE

DATE

PRINTED NAME OF AUTHORIZED SIGNER

PHONE NUMBER

EMAIL ADDRESS

DO NOT CUT THIS PAGE

DELAWARE 2023

DIVISION OF REVENUE F O R M CIT-TAX



CORPORATION INCOME TAX RETURN FORM 1100

for Fiscal Year beginning

and ending

Name of Corporation

DAV ACQUISITION CORP

Taxpayer ID

Street Address

8 3 7 8

PO BOX 340214

City

State ZIP Code

LAKEWAY

TX 78734

Small Corporation

ESOP

Delaware Address (if different than above)

City

State ZIP Code

Check Applicable Box(es):

Initial Return

Amended Return

State of Incorporation

Date of Incorporation

If Out of Business, Enter Date

DE

09 22 17

Change of Address

☒ Extension Attached

Nature of Business

REVENUE SYSTEMS

Attach Completed Copy of Federal Form 1120

| | | | |
|---|------|-----------|-----|
| 1. FEDERAL TAXABLE INCOME (See instructions) | 1. | -1025825 | .00 |
| 2. TOTAL SUBTRACTIONS (Schedule 4A) | 2. | 0 | .00 |
| 3. Subtract Line 2 from Line 1 | 3. | -1025825 | .00 |
| 4. TOTAL ADDITIONS (Schedule 4B) | 4. | 0 | .00 |
| 5. ENTIRE NET INCOME - Add Line 3 to Line 4 (Where Line 5 is derived entirely from sources within Delaware, enter amount on Line 11.) | 5. | -1025825 | .00 |
| Where the entire income (Line 5) is NOT derived from sources within Delaware, complete Lines 6 through 10. | | | |
| 6. TOTAL NON-APPORTIONABLE INCOME (OR LOSS) (Schedule 2, Column 3, Line 8) | 6. | | .00 |
| 7. INCOME (OR LOSS) SUBJECT TO APPORTIONMENT - Subtract Line 6 from Line 5 | 7. | | .00 |
| 8. APPORTIONMENT PERCENTAGE (Schedule 3B, Line 3) | 8. | 100.00000 | |
| 9. INCOME (OR LOSS) APPORTIONED TO DELAWARE - Multiply Line 7 by Line 8 | 9. | | .00 |
| 10. NON-APPORTIONABLE INCOME (OR LOSS) (Schedule 2, Column 1, Line 8) | 10. | | .00 |
| 11. TOTAL - Add Line 9 to Line 10 | 11. | -1025825 | .00 |
| 12. DELAWARE TAXABLE INCOME (Line 5 or Line 11, whichever is less) | 12. | -1025825 | .00 |
| 13. TAX LIABILITY - Multiply Line 12 by .087 | 13. | 0 | .00 |
| 14. APPROVED NON-REFUNDABLE TAX CREDITS | 14. | | .00 |
| 15. BALANCE DUE AFTER APPROVED NON-REFUNDABLE TAX CREDITS - Subtract Line 14 from Line 13 (Enter 0 if Neg) | 15. | 0 | .00 |
| 16. DELAWARE TENTATIVE TAX PAID | 16. | | .00 |
| 17. CREDIT CARRY-OVER FROM PRIOR YEAR | 17. | | .00 |
| 18. OTHER PAYMENTS (Attach statement) | 18. | | .00 |
| 19. APPROVED REFUNDABLE INCOME TAX CREDITS | 19. | | .00 |
| 20. TOTAL PAYMENTS AND CREDITS - Add Line 16 through Line 19 | 20. | | .00 |
| 21. BALANCE DUE AND PAY IN FULL (If Line 15 is greater than Line 20 Subtract Line 20 from Line 15) | 21. | | .00 |
| 22a. OVERPAYMENT (If Line 20 is greater than Line 15 Subtract Line 15 from Line 20) | 22a. | | .00 |
| 22b. AMOUNT TO BE REFUNDED | 22b. | | .00 |
| 22c. AMOUNT TO BE CREDITED TO 2024 TENTATIVE TAX | 22c. | | .00 |

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS

D E L A W A R E 2 0 2 3

DIVISION OF REVENUE F O R M CIT-TAX

CORPORATION INCOME TAX RETURN FORMERLY 1100

**INTEREST INCOME**

| Description of Interest | Column 1 Foreign Interest | Column 2 Interest Received From U.S. Securities | Column 3 Interest Received from Affiliated Companies | Column 4 Interest Received from State Obligations | Column 5 Other Interest Income |
|-------------------------|------------------------------|---|--|---|-----------------------------------|
| 1. | .00 | .00 | .00 | .00 | .00 |
| 2. | .00 | .00 | .00 | .00 | .00 |
| 3. | .00 | .00 | .00 | .00 | .00 |
| 4. | .00 | .00 | .00 | .00 | .00 |
| 5. | .00 | .00 | .00 | .00 | .00 |
| 6. TOTAL | .00 | .00 | .00 | .00 | .00 |

**NON-APPORTIONABLE INCOME ALLOCATED
WITHIN AND WITHOUT DELAWARE**

| | Column 1 Within Delaware | Column 2 Without Delaware | Column 3 Total |
|---|-----------------------------|------------------------------|-------------------|
| 1. RENTS AND ROYALTIES FROM TANGIBLE PROPERTY | .00 | .00 | .00 |
| 2. ROYALTIES FROM PATENTS AND COPYRIGHTS | .00 | .00 | .00 |
| 3. GAINS OR (LOSSES) FROM SALE OF REAL PROPERTY | .00 | .00 | .00 |
| 4. GAINS OR (LOSSES) FROM SALE OF DEPRECIABLE TANGIBLE PROPERTY | .00 | .00 | .00 |
| 5. INTEREST INCOME (Schedule 1, Columns 4 and 5, Line 6) | .00 | .00 | .00 |
| 6. TOTAL - Add Line 1 through Line 5 | .00 | .00 | .00 |
| 7. LESS: APPLICABLE EXPENSES (Attach statement) | .00 | .00 | .00 |
| 8. TOTAL NON-APPORTIONABLE INCOME - Subtract Line 7 from Line 6 | .00 | .00 | .00 |

GROSS RECEIPTS SUBJECT TO APPORTIONMENT

| | Within Delaware | Within and Without Delaware |
|--|-----------------|-----------------------------|
| 1. GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PROPERTY | .00 | .00 |
| 2. GROSS INCOME FROM OTHER SOURCES (Attach statement) | .00 | .00 |
| 3. TOTAL - Add Line 1 to Line 2 | .00 | .00 |

DETERMINATION OF APPORTIONMENT PERCENTAGE

| | | | |
|---|----|-----|-----------|
| 1. GROSS RECEIPTS AND GROSS INCOME FROM WITHIN DELAWARE | 1. | .00 | = |
| 2. GROSS RECEIPTS AND GROSS INCOME FROM WITHIN AND WITHOUT DELAWARE | 2. | .00 | |
| 3. APPORTIONMENT PERCENTAGE (See instructions) | 3. | | 100.00000 |

GROSS REAL AND TANGIBLE PROPERTY

| GROSS REAL AND TANGIBLE PROPERTY | | Within Delaware | | Within and Without Delaware | |
|----------------------------------|--|-------------------|-------------|-----------------------------|-------------|
| | | Beginning of Year | End of Year | Beginning of Year | End of Year |
| 1. | REAL & TANGIBLE PROPERTY OWNED | .00 | .00 | .00 | .00 |
| 2. | REAL & TANGIBLE PROPERTY RENTED (eight times annual rental paid) | .00 | .00 | .00 | .00 |
| 3. | TOTAL - Add Line 1 to Line 2 | .00 | .00 | .00 | .00 |
| 4. | LESS: VALUE AT ORIGINAL COST OF REAL AND TANGIBLE PROPERTY, the income from which is separately allocated (See instructions) | .00 | .00 | .00 | .00 |
| 5. | TOTAL - Subtract Line 4 from Line 3 | .00 | .00 | .00 | .00 |
| 6. | AVERAGE VALUE (See instructions) | | .00 | | .00 |

WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

| WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES | | Within Delaware | Within and Without Delaware | |
|--|---|-----------------|-----------------------------|-----|
| 1. | WAGES, SALARIES, AND OTHER COMPENSATION OF ALL EMPLOYEES | 1. | .00 | .00 |
| 2. | LESS: WAGES, SALARIES, AND OTHER COMPENSATION OF GENERAL EXECUTIVE OFFICERS | 2. | .00 | .00 |
| 3. | TOTAL - Subtract Line 2 from Line 1 | 3. | .00 | .00 |

DELAWARE 2023

DIVISION OF REVENUE F O R M
CIT-TAX

CORPORATION INCOME TAX RETURN FORMERLY 1100

**SUBTRACTIONS**

| | | |
|--|----|-----|
| 1. FOREIGN DIVIDENDS, INTEREST, AND ROYALTIES | 1. | .00 |
| 2. NET INTEREST FROM U.S. SECURITIES (Schedule 1, Column 2) | 2. | .00 |
| 3. INTEREST FROM AFFILIATED COMPANIES (Schedule 1, Column 3) | 3. | .00 |
| 4. GAIN FROM SALE OF U.S. OR DELAWARE SECURITIES | 4. | .00 |
| 5. WAGE DEDUCTION - FEDERAL JOBS CREDIT | 5. | .00 |
| 6. HANDICAPPED ACCESSIBILITY DEDUCTION (Attach statement) | 6. | .00 |
| 7. NET OPERATING LOSS CARRY-OVER | 7. | .00 |
| 8. NBI (Must attach form CIT-SCH) | 8. | .00 |
| 9. TOTAL SUBTRACTIONS - Add Line 1 through Line 8 | 9. | .00 |

ADDITIONS

| | | |
|--|----|-----|
| 1. ALL STATE AND POLITICAL SUBDIVISION INCOME TAXES DEDUCTED IN COMPUTING LINE 1 | 1. | .00 |
| 2. LOSS FROM SALE OF U.S. OR DELAWARE SECURITIES | 2. | .00 |
| 3. INTEREST INCOME FROM OBLIGATIONS OF ANY STATE EXCEPT DE (Schedule 1, Column 4) | 3. | .00 |
| 4. DEPLETION EXPENSE - OIL AND GAS | 4. | .00 |
| 5. INTEREST PAID AFFILIATED COMPANIES (See instructions) | 5. | .00 |
| 6. DONATIONS INCLUDED IN LINE 1 FOR WHICH DELAWARE INCOME TAX CREDITS WERE GRANTED | 6. | .00 |
| 7. TOTAL ADDITIONS - Add Line 1 through Line 6 | 7. | .00 |

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

SIGNATURE OF OFFICER

DATE

TITLE OF OFFICER

CFO

PHONE NUMBER

EMAIL ADDRESS

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE

8/21/2024
DATE

ADDRESS

CITY

ALEXANDRIA

EIN, SSN OR PTIN

EMAIL ADDRESS

STATE ZIP CODE

VA 22306

PHONE NUMBER

571-238-9421

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

**MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:**

Delaware Division of Revenue
PO Box 2044
Wilmington, DE 19899-2044

147552C 380761

Document Page 30 of 30

TX2024 05-164

Texas Franchise Tax Extension Request

Ver. 15.0 (Rev. 5-22/10)

Tcode

Taxpayer number

Report year

Due date

| | | | | |
|---|-------|---------|-----------------|---|
| Taxpayer name | | | | Secretary of State file number or Comptroller file number |
| Mailing address | | | | |
| City | State | Country | ZIP code plus 4 | Check box if the address has changed <input type="checkbox"/> |
| Check box if this is a combined report <input type="checkbox"/> | | | | |


If an online extension payment is made, the taxable entity should NOT submit a paper Extension Request (Form 05-164).

If this extension is for a combined group, you must also complete and submit Form 05-165.

Note to mandatory Electronic Fund Transfer (EFT) payers:
When requesting a second extension do not submit an Affiliate List Form 05-165.

1. Extension payment (Dollars and cents)

1.

| | | |
|---|------|--|
| Print or type name | | Area code and phone number () - |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. | | Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348 |
| sign here  | Date | |

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.

Taxpayers who paid \$10,000 or more during the preceding fiscal year (Sept. 1 thru Aug. 31) are required to electronically pay their franchise tax.
For more information visit www.comptroller.texas.gov/taxes/franchise/filing-requirements.php.

Texas Comptroller Official Use Only

| | | | | | | | |
|---------|--|--|--|--|--|--|--|
| VE/DE | | | | | | | |
| PM Date | | | | | | | |